

FORM 4329A ANNUAL COMMERCIAL FEED TONNAGE REPORT

Washington State Department of Agriculture Pesticide Management Division PO Box 42591 Olympia WA 98504-2591 Telephone (360) 902-2080 FAX (360) 902-2093

(Please see instruction sheet for completing form)

This form must be completed if you listed tonnage on line 1b of form 4329.

A	REPORTING PERIOD: July 1 - June 30, 200 (The Er	nter year)	
Enter the company na and company number on form 4329, box B:			COMPANY#
<u>C</u> List the facility/location name, address and tons for each company that has paid inspection fees for the tonnage you have listed on line 1b of form 4329. The information you provide on this form will be verifed against the inspection reports from the companies you have listed.			For Dept. Use Only Co.#
Company Name:		<u>TONS</u>	
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
GRAND TOTAL: (This amount must equal the amount listed on form 4329, line 1b)			